

| UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION | | OFGS FILE NO. P/3610-57 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|--|--|--------------------|--------------------------------------|---|--------|------------|-----------------|--|--|--|--|--------------------|--|--|--|--------------------|-------------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|---|----------------------|------|--|--|----------------------------------|--|--|--|--|----------------------|------|---|--|--|--|--|--|
| <p>As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verify I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;">ANTIFUNGAL MEDICAMENTS COMPRISING ARYLAMIDINE DERIVATIVES</p> <p>the specification of which is attached hereto, unless the following box is checked:</p> <p><input checked="" type="checkbox"/> was filed on <u>October 24, 2003</u> as United States patent Application Number or PCT International patent application number <u>PCT/EP2003/013335</u> and was amended on _____ (if any).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.</p> <p>I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:</p> <p>Prior Foreign or Provisional Application(s)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">COUNTRY</th> <th style="text-align: center; padding: 2px;">APPLICATION NUMBER</th> <th style="text-align: center; padding: 2px;">DATE OF FILING (day, month, year)</th> <th style="text-align: center; padding: 2px;">PRIORITY CLAIMED UNDER 35 U.S.C. 119</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">Europe</td> <td style="text-align: center; padding: 2px;">02356210.1</td> <td style="text-align: center; padding: 2px;">24 October 2002</td> <td style="text-align: center; padding: 2px;">YES <input checked="" type="checkbox"/> NO _____</td> </tr> <tr> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">YES _____ NO _____</td> </tr> <tr> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;">YES _____ NO _____</td> </tr> </tbody> </table> <p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">UNITED STATES APPLICATION NUMBER</th> <th style="text-align: center; padding: 2px;">DATE OF FILING (day, month, year)</th> <th style="text-align: center; padding: 2px;">STATUS (patented, pending, abandoned)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> </tbody> </table> <p>I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Robert C. Faber - Reg. No. 24,322; Max Moskowitz - Reg. No. 30,576; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625, and Douglas A. Miro - Reg. No. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.</p> <p>SEND CORRESPONDENCE TO: OSTROLENK, FABER, GERB & SOFFEN, LLP 1180 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10036-8403 CUSTOMER NO. 2352</p> <p>DIRECT TELEPHONE CALLS TO: (212) 382-0700</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">FULL NAME OF SOLE OR FIRST INVENTOR Jean-Pierre VORS</td> <td style="width: 33%; padding: 2px;">INVENTOR'S SIGNATURE</td> <td style="width: 33%; padding: 2px;">DATE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">RESIDENCE (City and either State or Foreign Country) F-69009 Lyon, France</td> <td style="padding: 2px;">COUNTRY OF CITIZENSHIP France</td> </tr> <tr> <td colspan="3" style="padding: 2px;">POST OFFICE ADDRESS 16 chemin de Montpellas, F-69009 Lyon, France</td> </tr> <tr> <td style="width: 33%; padding: 2px;">FULL NAME OF SECOND JOINT INVENTOR (IF ANY) Elizabeth O'NEILL</td> <td style="width: 33%; padding: 2px;">INVENTOR'S SIGNATURE</td> <td style="width: 33%; padding: 2px;">DATE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">RESIDENCE (City and either State or Foreign Country) F-69300 Caluire, France</td> <td style="padding: 2px;">COUNTRY OF CITIZENSHIP United Kingdom</td> </tr> <tr> <td colspan="3" style="padding: 2px;">POST OFFICE ADDRESS 5 chemin du Plain Vallon, F-69300 Caluire, France</td> </tr> </table> | | | COUNTRY | APPLICATION NUMBER | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 35 U.S.C. 119 | Europe | 02356210.1 | 24 October 2002 | YES <input checked="" type="checkbox"/> NO _____ | | | | YES _____ NO _____ | | | | YES _____ NO _____ | UNITED STATES APPLICATION NUMBER | DATE OF FILING (day, month, year) | STATUS (patented, pending, abandoned) | | | | | | | | | | FULL NAME OF SOLE OR FIRST INVENTOR Jean-Pierre VORS | INVENTOR'S SIGNATURE | DATE | RESIDENCE (City and either State or Foreign Country) F-69009 Lyon, France | | COUNTRY OF CITIZENSHIP France | POST OFFICE ADDRESS 16 chemin de Montpellas, F-69009 Lyon, France | | | FULL NAME OF SECOND JOINT INVENTOR (IF ANY) Elizabeth O'NEILL | INVENTOR'S SIGNATURE | DATE | RESIDENCE (City and either State or Foreign Country) F-69300 Caluire, France | | COUNTRY OF CITIZENSHIP United Kingdom | POST OFFICE ADDRESS 5 chemin du Plain Vallon, F-69300 Caluire, France | | |
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| POST OFFICE ADDRESS 16 chemin de Montpellas, F-69009 Lyon, France | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME OF SECOND JOINT INVENTOR (IF ANY) Elizabeth O'NEILL | INVENTOR'S SIGNATURE | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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UNITED STATES OF AMERICA
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P/3610-57

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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|---|--|---|------|
| FULL NAME OF THIRD JOINT INVENTOR, IF ANY Gilbert LABOURDETTE | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE (<i>City and either State or Foreign Country</i>) F-71600 Paray Le Monial, France | | COUNTRY OF CITIZENSHIP France | |
| POST OFFICE ADDRESS 53 rue Antoine Renard, F-71600 Paray Le Monial, France | | | |
| FULL NAME OF FOURTH JOINT INVENTOR, IF ANY Gillian MANSFIELD | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE (<i>City and either State or Foreign Country</i>) F-69004 Lyon, France | | COUNTRY OF CITIZENSHIP United Kingdom | |
| POST OFFICE ADDRESS 25 montée Bonafous, F-69004 Lyon, France | | | |
| FULL NAME OF FIFTH JOINT INVENTOR, IF ANY John PILLMOOR | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE (<i>City and either State or Foreign Country</i>) York, Yorkshire YO195PF, United Kingdom | | COUNTRY OF CITIZENSHIP United Kingdom | |
| POST OFFICE ADDRESS 1 Greenside Close, Dunnington, York, Yorkshire, YO195PF United Kingdom | | | |
| FULL NAME OF SIXTH JOINT INVENTOR, IF ANY Thierry BARCHIETTO | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE (<i>City and either State or Foreign Country</i>) F-95380 PUISEUX EN, France | | COUNTRY OF CITIZENSHIP France | |
| POST OFFICE ADDRESS 10 rue des Fauvettes, F-95380 PUISEUX EN, France | | | |